

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 1 December 2020

**Subject:** Urgent and Emergency Care (UEC) by Appointment

**Report of:** Naomi Ledwith, Director of Commissioning  
NHS Trafford Clinical Commissioning Group (CCG)

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## **Summary**

Manchester Health and Care Commissioning (MHCC), Trafford CCG (TCCG) and Manchester University Hospitals NHS Foundation Trust (MFT) are working together with other key partners to develop a system-wide urgent emergency care programme.

From patient insight (nationally, Greater Manchester and locally) we know that patients find the range of alternatives confusing – Accident and Emergency (A&E), walk in centres, urgent care centres, minor injury units, NHS 111, pharmacies and GPs, etc. All these options provide differing levels of services. So, A&E is understandably the default choice for many people unsure where to turn when they need urgent care or advice.

During the months of the first peak of the coronavirus pandemic the number of people attending Emergency Departments (EDs) reduced dramatically, particularly those seeking help for minor illnesses. However, since May the number of people visiting EDs has been rising. At the same time, due to social distancing and infection prevention and control precautions, the space in EDs has reduced. We must now guide the public in making the right healthcare choices to ensure their safety, as well as making sure they get the right treatment in the most appropriate place. NHS 111 will make it easier and safer for patients to get the right advice or treatment when they urgently need it and increasingly, they will be able to book direct appointments/time slots into a service that is right for them.

Around 70% of ED attendances are made up of walk-in patients, so as patient numbers have increased, the NHS aims to keep patients safe despite the reduced space in waiting rooms. We also know that a significant proportion of those attending EDs could be seen elsewhere, for example primary care or an Urgent Treatment Centre.

From December, NHS111 will be able to book a timed slot for patients that need an Emergency Department, to ensure patients are seen as safely and conveniently as possible.

Our ambition is to provide a better experience of care, whether that is by phone or online from NHS 111, at home from a paramedic, in a GP practice or pharmacy or when necessary in emergency department. The aim is to improve patient experience

in healthcare settings during Covid-19 and provide a long-term model of access to urgent and emergency care services.

Transformational plans to improve the way people receive urgent care, advice and treatment are currently being implemented in Greater Manchester and we are about to begin the rollout of changes for patients across Manchester and Trafford.

We need to ensure that numbers in our Emergency Departments are reduced wherever possible. This means we can keep our patients and staff safe, see those patients who need to be seen as quickly and safely as possible, and reduce the risk of Covid-19 infection for everyone.

This will incorporate:

- Development of an Urgent Emergency Care by appointment programme in Manchester and Trafford.
- Development of a Clinical Assessment Service.
- Roll out of national NHS 111 first programme.
- Virtual Clinical Hub.

## **Recommendations**

The Health Scrutiny Committee is asked to note the content of this report and provide comments on the UEC work programme.

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**Wards Affected:** All

<b>Environmental Impact Assessment</b> - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
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Care will be provided closer to home therefore less patient travel across longer distances within the city.
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<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the OMS</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	<p>People who do need rapid emergency care in Manchester and Trafford will be seen and treated more quickly in a less crowded Emergency Department.</p> <p>There will be a lower risk of contracting infections, including Covid-19. By accessing remote assessment patients can be referred to their local ED only when they absolutely need to, who will be ready to receive them at a specific time.</p> <p>This will ensure the sustainability of our urgent care systems and offer for the people of Manchester and Trafford.</p>
A highly skilled city: world class and home-grown talent sustaining the city's economic success	The Urgent Care by Appointment programme will continue to sustain the workforce through better integration of healthcare systems and organisations.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Equitable service provision will be maintained and improved through all communities across Manchester and Trafford through improved access channels to urgent care in the most appropriate and timely setting for all patients.
A liveable and low carbon city: a destination of choice to live, visit, work	More timely and appropriate settings for urgent treatment will mean less travel to acute hospital sites necessary.
A connected city: world class infrastructure and connectivity to drive growth	This programme is in line with the national directive for improved access to Urgent Care and will engender a sustainable model across Greater Manchester.

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## **1.0 Introduction**

The purpose of this paper is to update the Health Scrutiny on the urgent care changes happening in Manchester in line with Greater Manchester (GM) and national strategy.

The Covid-19 pandemic has had, and continues to have, a significant impact on the delivery of healthcare services and patient experience across the system. The urgent care programme has an ambition to radically change the way we deliver our urgent and emergency care services moving forward.

Covid-19 has meant that our stringent Infection Prevention and Control strategy and guidelines have been implemented across our hospitals and, as a result, we need to ensure that numbers in our Emergency Departments are reduced wherever possible. This means we can keep our patients and staff safe, see those patients who need to be seen as quickly and safely as possible, and reduce the risk of infection for everyone.

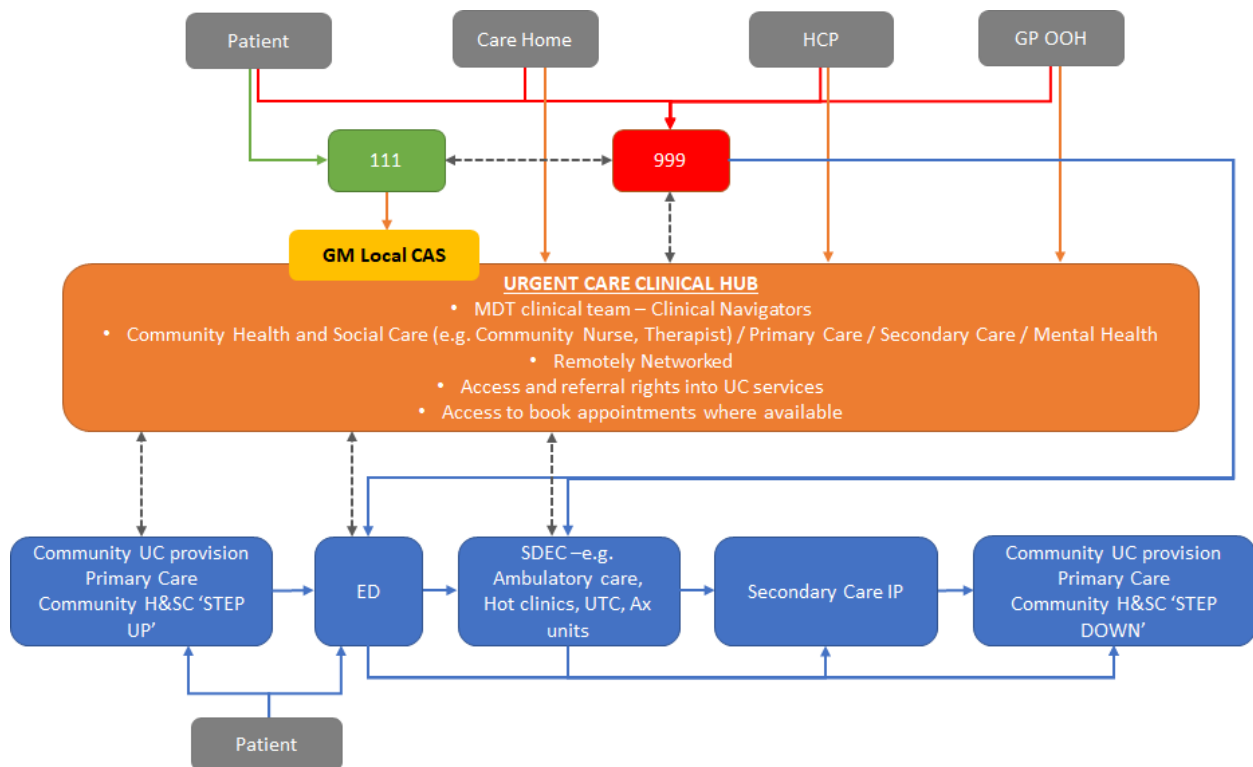
## **2.0 Background**

In response to Covid-19, there was a refresh of the GM Urgent Emergency Care (UEC) priorities, which included a 'UEC by Appointment' model to reduce the risk of crowding within Emergency Departments (ED) with the principal aim of reducing the number of self-presenter attends by 25% (reflecting national policy requirements – 111 First Initiative) and to encourage calls to 111 rather than for patients to self-present and that the remaining 75% demand is effectively signposted / redirected / direct booked to other services outside of ED.

The elements of the programme comprise:

- NHS 111 First
- Streaming at the Front Door
- Clinical Assessment Service
- Virtual Clinical Hub
- Urgent bookable appointments

This is outlined in the model below:



## **NHS 111 First**

‘NHS 111 First’ refers to offering people a different way of accessing and receiving healthcare, including a new way to access Emergency Departments. As a programme it means:

- NHS 111 or a GP practice is the first place a patient should contact when they experience a health issue that is not immediately life-threatening.
- Reducing the need for a patient to go to a physical location when accessing healthcare.
- Embracing remote assessment and the technology that supports it.
- Avoiding risk of nosocomial (hospital-acquired) infection by ensuring fewer less urgent patients attend ED waiting rooms.
- Ensuring patients get clear direction on what they need to do and where they need to go to resolve their health issue.
- Protecting those most at risk (e.g., people who are extremely clinically vulnerable from Covid-19) by giving them an enhanced service.

In short: NHS 111 First aims to build on and embed the beneficial changes in the way patients have been accessing healthcare during the Covid-19 pandemic.

To ensure we have fewer patients in our ED waiting rooms and that wait times are reduced. We will be asking people to contact NHS 111 first, whether online or by phone, if they have an urgent – but not serious or life-threatening – medical need, as an alternative to self-presenting as a walk-in to the Emergency Department (A&E).

Encouraging the public to dial NHS 111 prior to attending ED; In GM, this will be achieved through a targeted media campaign which will encourage the public to 'Talk before they walk (to E.D.)' to reduce high unnecessary attendance where Urgent and Emergency Care is only provided as required (UEC by Appointment). It is hoped that 25% of those not currently 'talking before walking' will call NHS 111 and receive call handling (to escalate emergencies) and/or receive 100% definitive clinical assessment to reduce unnecessary conveyance/attendance to/at E.D. This clinical assessment will be provided by a Local Clinical Assessment Service (CAS).

To reduce risk of hospital-acquired infection, crowding in EDs must not be allowed to return to pre-pandemic levels, but asking patients to queue outside an ED is not an acceptable means of ensuring social distancing. As such, we must ensure that:

- ED is reserved for emergency patients.
- Patients who do not need to attend ED are directed elsewhere.
- Patients who need to access hospital services go directly to the appropriate department in the hospital, and not via ED.

### **Bookable Appointments**

For those patients that do need to attend an Emergency Department, some can wait for a few hours before attending. NHS 111 services and Clinical Assessment Service working with trusts, are developing the ability to book timed slots in an Emergency Department, to smooth the number of people attending a given ED.

The go live for the digital booking solution to be in place is the 1<sup>st</sup> December. The Clinical Assessment Service and the hospital streaming at the front door will also have the ability book into other services within the hospital such as the Urgent Treatment Centre or Same Day Care. This is to reduce the number of patients in ED but also so that patients are directed to an appropriate service and seen within a timely manner. The Clinical Assessment Service will also be able to directly book into other urgent care services in the community.

### **Front Door Streaming**

Hospital-based pre-ED triage and streaming: There will continue to be a cohort of patients who self-present at our urgent care services e.g., MFT Type 1 Emergency Departments.

On attendance, patients will be clinically assessed and streamed to the most appropriate service for onward care. This may be within the acute setting, community or primary care via locally agreed referral streaming pathways.

- Transferred to another department within the Trust or community.
- Where clinically required referred into the Emergency Department.
- Given an appointment time to come back to a hospital department. This may be the same day or on an urgent basis depending upon clinical need.
  - Given an appointment with a GP.
  - Advised to contact their own GP or go to a pharmacy.
  - Provided with self-care advice.

Where possible, patients will be booked into appointments.

Nobody will be refused care – all patients who need an emergency vehicle (such as an ambulance) will still receive one if appropriate, and severely unwell patients will not be directed away from hospital.

### **Clinical Assessment Service**

If a patient has called NHS 111 and does not need to attend ED straight away, the local Clinical Assessment Service (CAS) will call the patient back and complete a more in-depth assessment. This service is staffed by doctors and other health professionals and has access to a wide range of local services to support the patient's needs. The service will offer self-care advice or book the patient into appointments in primary care, community services or other secondary care services where appropriate. In some cases, an appointment might be directly booked to attend ED.

### **Virtual Clinical Hub**

A virtual clinical hub will be set up using software that health care professionals including the Clinical Assessment Service (CAS) can access. The virtual clinical hub will offer advice and guidance quickly and book patients into the right service, this may be the same day or on an urgent basis depending upon clinical need. The first phase will enable advice and guidance for GPs through accessing specialist secondary care advice and the second phase will include access to other professionals such as community, primary care, and mental health and booking into the relevant services where there is an urgent need.

### **Progress to date**

- The Clinical Assessment Service went live on the 4<sup>th</sup> November to improve the management of NHS 111 activity by providing access to senior clinical assessment earlier in the pathway.
- Internal hospital pathways alternative to Emergency Department in the hospitals are in the process of being reviewed to maximise the numbers of patients who can be streamed away from Emergency Departments.
- Adult Emergency Departments have committed to releasing daily appointments for lower clinical priority patients such as minor illnesses and minor injuries
- Streaming models have been tested at Manchester Royal Infirmary and North Manchester General Hospital to be able to stream and book into same day care at North Manchester and the Urgent Treatment Centre at Manchester Royal Infirmary.
- Trafford General Hospital went live with the model on 27<sup>th</sup> October, with direct bookings into the Urgent Care Centre via the Trafford Patient Assessment Service. There is also some streaming at the front door.

### **Next Steps**

- The pathways for out of hospital bookable appointments directly into community services, primary care and mental health are still to be fully developed and agreed

with partners across the system including Primary Care Networks (PCNs) and both Trafford and Manchester Local Care Organisations.

- Front Door Streaming model to be further developed at Wythenshawe Hospital ED.
- Further work on UEC by appointment at the other hospital sites: Royal Manchester Children's Hospital, St Mary's, Manchester Royal Eye Hospital and University Dental Hospital of Manchester.
- Bookable appointments from NHS 111 and the Clinical Assessment Service (CAS) into Emergency Departments to go live on the 1st December.
- Impact of the changes to the system will be produced via a dashboard for Manchester and Trafford.
- Phasing of the virtual clinical hub to commence in December.

### **Communications and Engagement**

Communications notifying the public around the changes will be soft launched in December 2020, with only minor communications activity planned. This will enable our models to be tested and refined.

NHS England will launch a national campaign to promote '111 First' in December across a range of different media channels which will be dependent on whether the country and regions are in a national lockdown or which tier of restrictions in order to target communications effectively. Greater Manchester Health and Social Care Partnership (GMHSCP) will lead this at a regional level.

Internal communications and engagement are continuing across stakeholders and staff within hospitals.

Engagement is ongoing with local populations and community groups affected.

### **3.0 Recommendations**

The Health Scrutiny Committee is asked to note the content of this report and provide comments on the UEC work programme.